

Attorney Docket: 2575/31

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Combined Declaration For Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR PERTITIONING ALLOCATION AND MANAGEMENT OF JITTER BUFFER MEMORY FOR TDM CIRCUIT EMULATION APPLICATIONS, the specification of which

(check one) ☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____ and was amended on _____. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119, 365 or 371 of any foreign patent or application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
<u>IL2004/000575</u>	<u>PCT</u>	<u>29 JUN 04</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(number)	(Country)	(Day, Month, Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(number)	(Country)	(Day, Month, Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(number)	(Country)	(Day, Month, Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>60/484,294</u>	<u>3 JUL 2003</u>	_____
(Application Serial No.)	(Filing Date)	Status
		(patented, pending, abandoned)

_____	_____	_____
(Application Serial No.)	(Filing Date)	Status
		(patented, pending, abandoned)

I hereby appoint the following attorneys, with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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Continuation of Combined Declaration For Patent Application and Power of Attorney

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statement may jeopardize the validity of the application of any patent issued thereon.

*FULL NAME OF SOLE OR FIRST INVENTOR ZOHAR PELEG	INVENTOR'S SIGNATURE 	DATE
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*FULL NAME OF SECOND INVENTOR	INVENTOR'S SIGNATURE	DATE
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*FULL NAME OF THIRD INVENTOR	INVENTOR'S SIGNATURE	DATE
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*FULL NAME OF FOURTH INVENTOR	INVENTOR'S SIGNATURE	DATE
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*FULL NAME OF FIFTH INVENTOR	INVENTOR'S SIGNATURE	DATE
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POST OFFICE ADDRESS		

*FULL NAME OF SIXTH INVENTOR	INVENTOR'S SIGNATURE	DATE
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POST OFFICE ADDRESS		